



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date May 6, 1976	1. Agency Address Georgia Department of Human Resources Division of Benefits Payments Food Stamp Unit - 618 Ponce de Leon, N.E. Atlanta, Georgia 30306	Application Number 76-149	Date Received MAY - 7 1976
Application Number DHR-61		Date Completed MAY 13 1976	
2. Person to Contact Mrs. Mary Flournoy		Working Title Food Stamp Outreach Consultant	Telephone Number 894-4250
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1972	Latest to date	5. Records Series Title (followed by title used in office, if different) Food Stamp Outreach Program Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care. The Food Stamp Outreach Program has the responsibility to inform all low-income households of the availability and benefits of the program and to encourage the participation in the program by eligible households.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: administering the Food Stamp Outreach Program in Georgia. Included are: form DBP/APS(4)-127 (9-75) (Outreach Questionnaire on Nonparticipation) which shows name, address, FSP case number, phone number of food stamp user and the reason for not buying food stamps for a particular month; and form DBP/APS(4)-128 (9-75) (Food Stamp Program Monthly Outreach Program), received monthly from each county in Georgia and contains information as to County; District; Report for which month; number of full-time eligibility workers involved with public assistance or food stamps; number of locations where individuals can apply for food stamps; number of mobile units; number of households using mail issuance; number of households currently certified and number of individuals in those households; number of households who participated during the File is arranged: alphabetically by county.			
8. Monthly Reference Rate One to six months old <u>10</u> ; Seven to twelve months old <u>5-10</u> ; Thirteen to twenty-four months old <u>5-10</u> ; twenty-five months and older _____ How often are records referred to which are:			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|------------------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | <u>3 fiscal</u> years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see attachment -- Record Retention Guide - page 11261

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

- ☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____
- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 1 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Mary R. Fleurney	5-5-76	Elizabeth A. Clark	5-5-76
State Records Committee (Signature)		Date	
State Auditor/Designee	William M. Dixon	5-10-76	
Secretary of State/Designee	Canale Hart	5-7-76	
Attorney General/Designee	R. M. Shell	5-12-76	

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

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Food Stamp Outreach Program Files

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7. month and number of individuals in those households; individuals in public assistance households; individuals in nonassistance households who receive aid to families with dependent children; households approved which did not participate during the month and reason (food stamp card was not received, selling hours were not convenient, food stamps cost too much, no longer need food stamps); number of households contacted for nonparticipation out of the total number of households that did not participate; methods used to contact the households which did not participate; (telephone, personal contact, questionnaire); if there has been a net change of 15% (plus or minus) in the number of households which participated; number of applications and subsequent certifications received during the month and number of individuals in those households; number of households approved during the month and number of individuals in those households; number of applications and subsequent certifications denied during the month and reason for denial (excess income, excess resources, failure to supply information or verification, failure to comply with work registration requirements); number of applications and subsequent certifications pending at the end of the month and pending over 30 days; information as to outreach efforts during the month, such as number of times radio and television announcements were used; number of newspaper articles published and other pieces of printed material distributed; number of times slide presentation shown and number of persons attending; number of DFCS volunteers working in outreach; number of organizations other than DFCS working in outreach. Also included is substantiative documentation to support claims on the form. This form is also used to report the compiled county information, semiannually, to the United States Department of Agriculture.